PTO/SB/01 (10-05)
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3.8 collection of Information unless it contains a united Out? Under the Parenwork Reduction Act of 1895, no persons are reputied to reapond to a collection of information unless it contains a valid OMB control number Attorney Docket YOR920030479US1 DECLARATION FOR UTILITY OR Number First Named Inventor Mastrianni DESIGN COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) Application Number 10/577,208 26 April 2006 Filing Date Declaration Declaration Submitted after initial OR Art Unit Submitted. Fitting (surcharge With Initial (37 CFR 1.16 (e)) Examiner Name required) I hereby declare that: Each inventors residence, mailing address, and citizenship are as stated below next to their name. I believe the inventor(a) named below to be the original and first inventor(a) of the subject matter which is claimed and for which a patent is sought on the invention entitled: COUPON EXCHANGE NETWORK AND SERVICE BUREAU (Title of the Invention) the specification of which is attached hereto OR se United States Application Number or PCT Internetional 11/26/2003 was filed on (MM/DD/YYYY) (if applicable). and was amended on (MM/DD/YYYY) 2003/37976 Application Number I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to parantability as defined in 37 CFR\*1:56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 385(b) of any foreign application(s) for patent, Inventor's or plant breeders rights cartificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. Certified Copy Attached? Priority Foreign Filing Date Prior Foreign Application **Not Claimed** YF5 (MM/DD/YYYY) Country Numberial Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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[Page 2 of 2]

Mailing Address

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ADDITIONAL INVENTOR(8) DECLARATION Page 3 A petition has been filed for this unsigned inventor Name of Additional Joint Inventor, if any: Family Name or Sumama Given Name (first and middle (if any)) Cifford A. Pickover Inventor's Signature LISA. USA-Yorktown Helulita Cttlzenship Country Residence: City State 37 Yorkshire Lane Mailing Address USa 10588 Yorktown Helahta New York State Zip Country City Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Family Name or Sumame Given Name (first and middle (if any)) inventor's Date Signature Citizenship Country State Residence: City. Mailing Address State Country City Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor Given Name (first and middle (if any)) Family Name or Sumame inventor's Signature Date Regidence: City Country Citizenship

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Under the Paperwork Reduction Ast of 1905 th	Application Number	10/577,208
POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Filing Date	28 April 2008
	First Named Inventor	Matrianol
	Title	COUPON EXCHANGE NETWORK AND
	Art Unit	
	. Examinar Name	
	Attorney Docket Number	YOR920030470US1

	Attorney Doc	cet Numb	er YOR9	20030470U9	·			
I hereby revoke all previous powers of attorney given in the above-identified application.								
hereby appoint:  Practitioners associated with the Customer Number:  OR	55716							
Practitioner(s) named below:								
Name	Registration Number							
sa my/our attorney(s) or agent(s) to prosecute the application Tredemark Office connected therewith.	dentified above,	and to trai	need all busine	ass in the Lin	ited States Patent and			
Please recognize or change the correspondence address for  The address associated with the above-mentioned.  OR  The address associated with Cüstomer Number:  OR			dian ta:					
Firm or Individual Name Address	·							
City		State			Zip			
Country		Emalt		V.,				
Applicant/Inventor:  Assignee of record of the entire interest. See 37 Cl Statement under 37 CFR 3.73(5) is enclosed: (Fon	FR 3.71. m PTO/SB/96) of Applicant or A	selghee d	If Record					
Signature He dur				Date	5-18-2006			
Name Staten J. Mastrianni				Telephone	9149451933			
Title and Company  Zam Lure  NOTE: Signatures of all the Invantors or exaignees of record of the	entire interest of their	represente	nive(s) ere requi	ed. Submit mu	illiple forms if more than one			
algusture is required, see below.  Total of 2 forme are submitted.				· · · · · · · · · · · · · · · · · · ·	the malic watch is 10 file (an			

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Application Number 10/577 208 First Named Inventor Matrianni COUPON EXCHANGE NETWORK AND Tibe Art Unit Exeminer Name-YOR920030470US1 Attorney Docket Number

## **POWER OF ATTORNEY** and **CORRESPONDENCE ADDRESS** INDICATION FORM...

I heraby revoke all previous powers of attorney given in the above-identified application.								
I hereby appoint:		·	<del></del>					
Practitioners associated with the Customer Number:		55315	·					
OR	<u> </u>		<del></del> -					
Practitioner(s) named below:								
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I am the:								
Applicant/inventor.								
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
Signature of Applicant or Assignee of Record								
Signature Physics Co. 11 1	n		Date	5-18-06				
Name Clifford A. Pickover.			Talephona					
Title and Company								
NOTE: Signatures of all the inventors or assignates of record of the entire interest or their representative(s) are required. Subtrit multiple forms if more than one argument, see before.								
Total of 2 forms are submitted.								
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